Phase III, Randomized,
Double Blind, Placebo
Controlled Trial of Oral
Suberoylanilide Hydroxamic
Acid (Vorinostat) for
Patients with Mesothelioma

Mesothelioma

Cancer of the membrane around the lung.

• 2,000 new cases per year

• 70-80% linked to asbestos

• Most patients diagnosed at Stages II to IV when treatment is palliative.

Current Treatments

- Surgery—resect operable lesions
- Radiation
- Systemic chemotherapy
 - Standard first line treatment

Pemetrexed—antifolate

Cisplatin

This combination has median survival of 12 months.

- Vorinostat—suberoylanilide hydroxamic acid
- Inhibitor of histone deacetylase—HDAC—which is an enzyme that removes acetyl groups from histones.
- Acetylation of histones regulates gene transcription.
- Low acetylation reduces gene transcription
- High acetylation opens DNA and increases gene transcription.
- Inhbitions of HDAC produces high acetylation and gene transcription.

- Oral
- Good bioavailability
- Toxicology in rats and dogs
 - Main toxicities were weight loss, leukopenia, thrombocytopenia, GI irritation.
 - Toxicities were rapidly reversible with stopping drug.
 - No cardiac damage or damage to other organs.

- Human trials—over 200 patients in 10 Phase I and II trials.
- Tolerability determined by total daily dose and number of consecutive days. Tried in many combinations
 - MTD 400 mg per day continuously
 - MTD 300 mg BID for 3 days per week
 - MTD 250 mg TID for 14 days on and 7 days off

• Human trials—over 200 patients in 10 Phase I and II trials.

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- Fatigue 81% Grade 4 1%
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- Nausea 64%
- Hyperglycemia 61%
- Diarrhea53%
- Anorexia 50%
- Leukopenia4% (Grade 3 or 4)
- Thrombocytopneia 12% (Grade 3 or 4)
- Anemia 9% (Grade 3 or 4)

Many responses in Phase I and II trials

	Leu	kemia	or.	MDS	5
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Multiple Myeloma

Lymphoma

Mesothelioma

1 CR of 14 patients

4 SD of 7 patients

1 CR, 1 PR of 7 pts.

2 responses of 13 pts

Hypotheses: Compared to placebo,
 Vorinostat will

- 1) Improve overall survival
- 2) Improve response rate
- 3) Improve progression free survival
- 4) Improve dyspnea and FVC after Cycle #4

- Randomized trial of 660 patients with mesothelioma whose cancer has progressed through pemetrexed/platin.
- Patients can have had only 2 prior chemotherapy regimens.
- 18 years of age
- Karnofsky performance status of 70 or more
- Adequate bone marrow, kidney, liver function.

- Patient randomized to either
 - Vorinostat 300 mg BID on 3 days per week.
 or
 - Placebo

• Patients in both arms get best supportive care.

• Primary endpoint is survival.

• Response to treatment by CT scan will be assessed every 6 weeks.

• Tumor samples will be used for molecular profiling.

• Blood samples collected for future genetic research focused on cancer.

Study Visits

- Visit 1—Screening
 - PE, Vital signs, EKG, PFTs, CT scan
 - Serum glucose, insulin, HB A_{1C}
 - QOL and dyspnea assessments

- Visit 2—Drug administration
 - Consume first dose of drug in clinic
- Visits 3 and 4—Day 8 and 15—Adverse event assessment

Study Visits

- Visit 5—Day 21—Cycle #2 Return for Drug
- Visit 6—Day 15 of Cycle #2

Every 2 cycles –6 weeks—assessment of tumors by CT scan.

Tests

• Screening PE, vital signs, PS,

Lab tests—CBC,

coagulation, urinalysis,

LFTs, PFTs, EKG, etc.

• Cycle 1 Vital signs, PS,Lab tests, Days 1, 8,15 PFTs, EKG, adverse events

Subsequent cycles only Days 1 and 15.

Power and Sample Size

- Primary endpoint is survival.
- With α =0.05 and β =90% and 25% reduction in mortality or extension of life by 1.8 months:
- Need 540 deaths.

Interim Analyses

- Three interim analyses
 - After 50 patients have been on trial for 18 weeks.

Question: Is vorinostat not active?

After 220 patients have been on trial for 18 weeks.

Question: Is vorinostat better than placebo based on secondary endpoints?

– After 270 deaths. Question: Is trial futile?